

WIC Futures Study Group
Report on Meeting #6 Held September 24, 2008
Wingate Hotel, Helena, MT

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Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group was convened to evaluate and revise the WIC service delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The sixth meeting of the group was held on September 24, 2008 in Helena. The following is a report of the meeting activities.

Participants included:

Joan Bowsher	DPHHS/WIC	Diana Frick	DPHHS
Mary Beth Frideres	MPCA	Linda Best	Deer Lodge/Beaverhead
Mark Walker	DPHHS/WIC		County WIC
JoAnn Dotson	DPHHS/FCHB Chief	Bill Hodges	Big Horn County HD
Jane Smilie	DPHHS/PHSD Adm.	Tara Cutler	HRDC Dist. 6 Fergus
Ellen Leahy	Missoula CCHD		County WIC
Lora Wier	Teton County HD	Dorothy Bradshaw	Lewis & Clark CCHD
Darota Carpendo	DPHHS	Jeanne Seifert	Dawson County HD

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association. The desired outcomes for the two day session were as follows:

By the end of this session, participants will have –

- Reviewed and discussed the State WIC response to recommendations;
- Received feedback from key groups regarding recommendations;
- Developed a communication plan;
- Reviewed and discussed available WIC data and developed questions for CDC;
- Provided recommendations to the State WIC program on data needed from the SPIRIT system;
- Developed a Mission and Guiding Principles for the WIC program; and
- Created an agenda for the next meeting.



Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Joan announced to the group that the Montana Public Health Association (MPHA) gave the “2008 President’s Award” to the WIC Futures Study Group for their work to improve the WIC Program. Jeannie Seifert received the award at the recent MPHA conference on behalf of the group.

(L-R: Jeanne Seifert and Joan Bowsher)

Review of the Agenda

Tara Cutler and Lora Wier, group members, expressed concern that the WIC Futures Study Group Summary Report did not cover a range of views regarding the cost of delivering WIC services in rural areas of the state. Tara said that the feds recognize Montana as a rural state where it is difficult to serve clients. Because of this, she said, the feds provide Montana with additional funds. Tara said it appeared that things were stated in the Summary Report, that Study Group statements became recommendations. She said there was agreement on a funding formula for this year, not in the future. The purpose of continuing to meet, she said, was to decide how to fund the program in the future. Tara and Lora specifically objected to statement 7.e. (noted below in blue) of the “Efficiency Issues” section on page 1 of the Report.

From the “WIC Futures Study Group Summary Report, Meetings 1-5, March through June 2008:

Efficiency Issues

- Clinics may not flow or operate as efficiently as they could.
- Too many signatures are required.
- No shows are expensive and lead to inefficiency.
- Doing non-required hematocrits, proof of pregnancy, and multiple code listings wastes time and increases costs.
- Some clients are seen more often than necessary.
- Inadequate basic program (best practices, lists, procedures, where WIC fits in Public Health) for training new employees, including directors.

1. All WIC staff (state and local) need “Toyota Lean” training.
2. Clinics to assess clinic flow/processes and take action to improve efficiency and quality.
3. Get SPIRIT system up and running.
4. Signatures - before the system is in place, DPHHS will consult with the regional office to see if it is possible to combine things that now require separate signatures or if initials can be used. This information will be shared with all programs.
5. No shows -
 - a. Pro-rate vouchers for missed appointments.
 - b. Move to 3 months of checks so clients don’t have to come in every month.
 - c. Promote Kalispell model - same day scheduling three days out of the week, certifications are performed on the other two days on a walk-in basis.
6. Non-required tasks - state staff to discuss the removal of non-required hematocrits, proof of pregnancy, and multiple code listings as necessary tasks, and alter the State Plan, accordingly.
7. Clients seen more than necessary - consider alternate methods of service delivery:
 - a. Remote access with webcams for CPA certification.

	<p>b. Provide guidance to locals about what alternative methods can be implemented.</p> <p>c. Move to 3 months of checks for a low risk client who is certified, client can come to drop-in clinic, email, or phone and staff can send education material (interactive education), staff can mail checks every 3 months which means clinic will see clients twice per year.</p> <p>d. For clinics that are seeing clients every month, state to move them to see medium and low risk clients 4x/year as an improvement.</p> <p>e. State to warn clinics that funding is moving to cost per participant as recommended by the Study Group and suggest ways to become more efficient.</p> <p>f. Establish standards for Continuous Quality Improvement regarding appointments/day.</p>
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The facilitator told the group that the Summary Report was a compilation of information found in Meeting Reports 1-5 and that this recommendation was made in Meeting #5. *(After later reviewing the complete Report of Meeting #5, the facilitator notes here that in the Summary Report, she combined identified Problem #7 and its recommendations with Problems listed under #14 and those recommendations. This was to eliminate a duplication of recommendations under the statement "Some clients are seen more often than necessary" which was addressed as a single problem in Problem #7 and in a list of Problems under #14.)*

Several group members said they remembered discussing the recommendation. One noted that throughout the process, all words spoken in meetings were written down as stated and there was opportunity for group members to say what they thought. The facilitator reminded the group that the ideas were offered under the heading "Recommendations." The group decision to make recommendations to DPHHS was made early in the process, recognizing that the DPHHS has the ultimate authority to determine how the WIC program is operated. The facilitator noted that Lora was not present at Meeting #5. She also asked group members to make sure that she writes down their words and points of view exactly and to demand, if necessary, that this is done. She reminded the group to speak up if they do not agree with another participant's suggestion. The facilitator, concerned about the effect of changing meeting records which she felt were accurate, decided not to change the past reports. Some participants noted that the expressed concern may be addressed in the creation of WIC Guiding Principles in the afternoon session and others reminded the group that it will develop funding recommendations for next year in spring 2009.

Progress Report on Recommendations

Joan Bowsher reported positive forward action on the EBT implementation. She also noted that the WIC staff had met and reviewed each problem issue and recommendations of the group. They had developed a limited plan for each problem, identifying who would be responsible for addressing each issue going forward, and setting a timeframe for action (See "Sixth Meeting" documents <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>.) The group asked questions and provided feedback on the items in the report. Joan said that she would take their input back to the staff and further refine the matrix. Several group members expressed their appreciation of all of the work the state staff has put into the recommendations from the WIC Futures Study Group.

Report from Representatives of MAWA, MPHA, AMPHO

Linda Best (MAWA representative) reported that the information presented by Joan Bowsher at the recent VENA training was well-received. The group, Linda said, was "quite pleased and amazed and hopeful." They expressed gratitude, Linda said, that their concerns are being addressed.

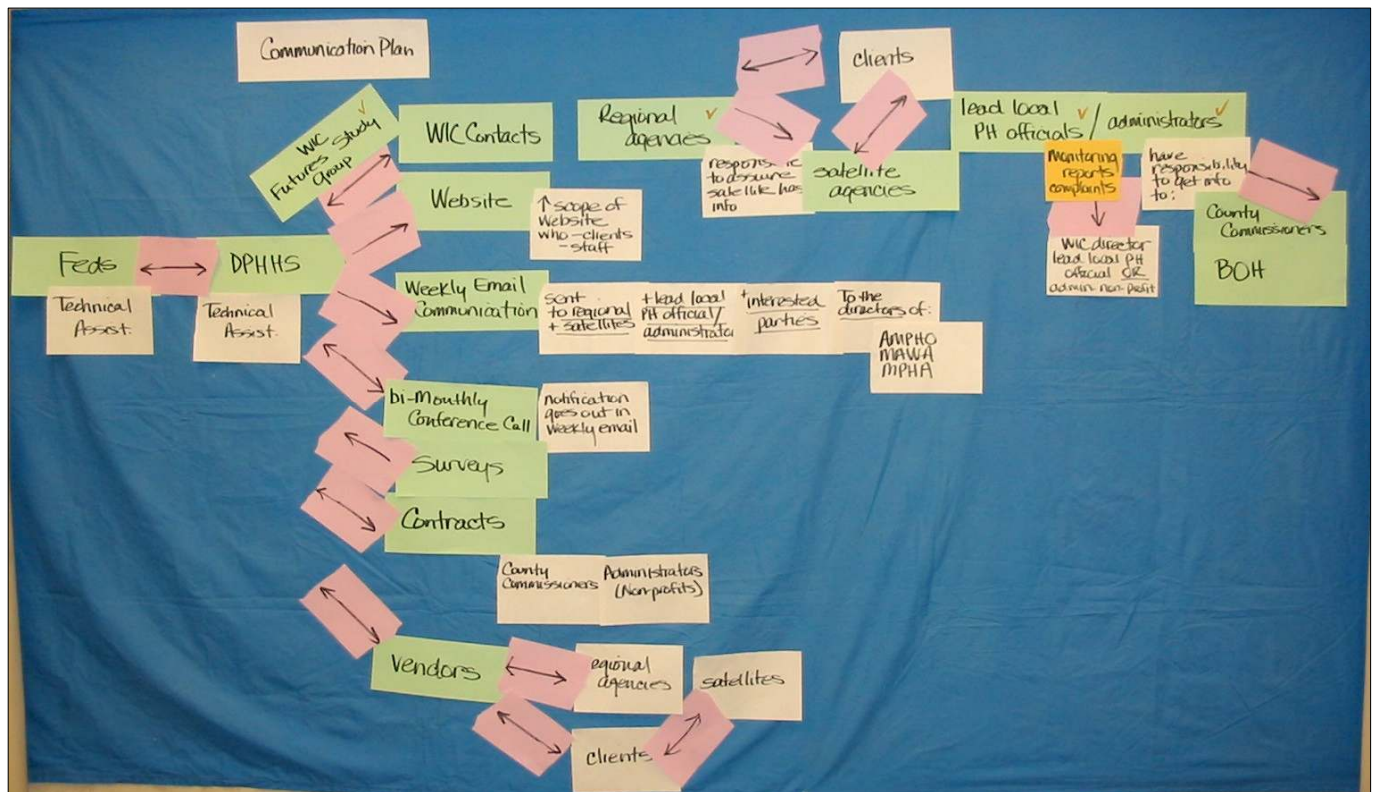
Lora Wier (MPHA representative) said that the information she received from "like-sized organizations" included concern about "accommodations for smaller programs." "The formula," she said, "should consider the rural nature of the state and that it costs more to provide services in the smaller counties."

Ellen Leahy (AMPHO representative) reported that at a recent teleconference, the general feeling was that the group was doing a good job. From the larger counties, she hears that there is “relief that the wide range in per capita funding has narrowed somewhat.” This has relieved some cost shifting from other Public Health funds in the larger departments. Staff who report to the Health Officers are “thrilled at the changes that they have advocated for over the years.” Some acknowledge that there is “more work to be done.” Ellen noted that many of the ideas came from members of the MAWA group and expressed appreciation for their work over the years.

Development of a Communication Plan

The group then developed a communication plan. The Feds provide technical assistance to DPHHS WIC. WIC communicates back to the feds, and also provides technical assistance or information to the WIC Futures Study Group, WIC Contacts (Regional WIC Agencies, Lead Local Public Health Officials and Administrators), through the WIC website (will be redesigned for use by staff and clients), weekly emails to Regional WIC Agencies and their satellites, Lead Local Public Health Officials and Administrators, interested parties, and the directors of AMPHO, MAWA, and MPHA, through bi-monthly conference calls, through contracts to county commissioners and non-profit administrators, and through communication with vendors. DPHHS receives information back from the WIC Futures Study Group, surveys, the bi-monthly conference call, contract negotiations, and vendors. Regional agencies are responsible to make sure that their satellite agencies have all important information. Clients provide information to front line WIC personnel. DPHHS WIC will send copies of Monitoring Reports/Complaints to the WIC Director and Lead Local Public Health Official or Non-Profit Administrator. The Lead Local Public Health Officials/Administrators have responsibility to get important information to County Commissioners and Boards of Health. Notification of bi-monthly conference calls will be sent out within the weekly WIC email. Vendors will receive information from DPHHS, Regional Agencies and their Satellites, and WIC clients. (See graphic, below).

The WIC Futures Study Group Communication Plan 2008



Inventory of Data Sources/Development of Questions to ask CHC

Mark Walker brought a handout listing available CHC reports and a list of reports WIC providers have submitted that they would like through the SPIRIT system. (See handouts attached to Sixth Meeting, <http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/WIC-futures-study-group.shtml>.) If the SPIRIT system does not offer all of these reports, Mark said there would have to be prioritization process because developing software to create these reports is costly. Mark will bring a list of basic data items that is required by the WIC program to the next meeting.

Darota Carpendo and Diana Frick, state epidemiologists, were also present at the meeting. There was confusion about what information they were to bring. After discussion, the group asked that they look at WIC performance data and summarize what has been measured in comparative studies. It was also requested that they attend the next Study Group meeting on quality and to bring suggestions about what to measure.

Development of the WIC Mission

The group developed a mission for the Montana WIC Program:

Montana WIC Mission

To improve the nutritional status of eligible pregnant and breastfeeding women, infants, and children up to age 5, by providing nutritional education, referrals, and nutritious supplemental food.

WIC Guiding Principles

Mary Beth handed out examples of Guiding Principles from other for profit and not-for-profit organizations. The group worked to develop a set of guiding principles for the Montana WIC Program. The following is a summary of the product:

Montana WIC Guiding Principles

Service delivery will be focused on the client.
Communication will be open and honest at all levels.
WIC is a partnership of client, staff, vendors, and the state office.
The Montana WIC Program decisions are based on measurable objectives, quality standards, and cost-effective considerations.
WIC services will be planned and delivered in way that decreases disparities due to race, geography, and ethnicity.
WIC strives to improve the health status of the eligible population to the greatest extent possible with the resources that are available.
WIC embraces new technology and innovative ideas to improve service delivery.

Public Comment

There was no one from the “public” present at this meeting.

Agenda for Next Meeting

The group identified these topics for the next meeting’s agenda:

Review and Revise the “Core Responsibilities of WIC Services” document
Report on data items required by WIC
Report on cost allocation plan adjustment for decreased number of computers
Report on meeting with feds regarding time studies
Report from subgroup on funding RD services (Spring)

Quality:

- Define quality for WIC/Develop QI plan
- Create 6-10 quality standards to be measured
- Create a checklist of items for monitoring visits to measure quality
- Epidemiologists and representatives from local agencies to be present for this discussion
- Report from epidemiologists on WIC performance/comparative studies with suggestions on what to measure
- Financial impact from non-compliance – penalties/incentives

Evaluation

When asked, the Study Group members said that they were satisfied with the process of the meeting. No suggestions were offered for improvement.